SIGNE	T HE	CALTH	I/REHAB	CTR	OF	NEW	RICHMOND
505 W	EST	8TH	STREET				

NEW RICHMOND 54017 Phone: (715) 246-6851 Ownership: Corporation Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 61 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 61 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 36 Average Daily Census: 40

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No				용		30.6
Supp. Home Care-Personal Care	No	•		1		1 1 10010	19.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years	30.6
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	5.6		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30.6		80.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.8	95 & Over	8.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	33.3	65 & Over	91.7		
Transportation	No	Cerebrovascular	13.9			RNs	7.6
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	9.7
Other Services	No	Respiratory	2.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	25.0	Male	30.6	Aides, & Orderlies	52.0
Mentally Ill	No	[Female	69.4		
Provide Day Programming for		I	100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	1	25.0	395	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.8
Skilled Care	3	75.0	325	25	100.0	119	0	0.0	0	7	100.0	147	0	0.0	0	0	0.0	0	35	97.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		25	100.0		0	0.0		7	100.0		0	0.0		0	0.0		36	100.0

Admissions, Discharges, and	- 1	Percent Distributior	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
ercent Admissions from:	i	Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.3	Bathing	13.9		50.0	36.1	36
Other Nursing Homes	5.1	Dressing	16.7		50.0	33.3	36
Acute Care Hospitals	81.0	Transferring	30.6		41.7	27.8	36
Psych. HospMR/DD Facilities			25.0		47.2	27.8	36
Rehabilitation Hospitals	3.8	Eating	63.9		27.8	8.3	36
Other Locations	0.0	******	*****	*****	* * * * * * * * * * * * * * * * * *	*****	*****
otal Number of Admissions	79	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	2.8	Receiving Resp	iratory Care	13.9
Private Home/No Home Health	38.1	Occ/Freq. Incontiner	it of Bladder	61.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.5	Occ/Freq. Incontiner	it of Bowel	52.8	Receiving Suct	ioning	0.0
Other Nursing Homes	3.6	<u>-</u>			Receiving Osto	my Care	0.0
Acute Care Hospitals	13.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	2.8	Receiving Mech	anically Altered Diets	36.1
Rehabilitation Hospitals	0.0				_	_	
Other Locations	2.4	Skin Care			Other Resident C	haracteristics	
Deaths	33.3	With Pressure Sores		5.6	Have Advance D	irectives	83.3
otal Number of Discharges	į	With Rashes		5.6	Medications		
(Including Deaths)	84				Receiving Psyc	hoactive Drugs	55.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-99	Ski	lled	All	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	용	Ratio	용	Ratio	ે	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	63.8	86.2	0.74	87.1	0.73	88.1	0.72	87.4	0.73
Current Residents from In-County	72.2	78.5	0.92	81.0	0.89	82.1	0.88	76.7	0.94
Admissions from In-County, Still Residing	15.2	17.5	0.87	19.8	0.77	20.1	0.75	19.6	0.77
Admissions/Average Daily Census	197.5	195.4	1.01	158.0	1.25	155.7	1.27	141.3	1.40
Discharges/Average Daily Census	210.0	193.0	1.09	157.4	1.33	155.1	1.35	142.5	1.47
Discharges To Private Residence/Average Daily Census	100.0	87.0	1.15	74.2	1.35	68.7	1.46	61.6	1.62
Residents Receiving Skilled Care	100	94.4	1.06	94.6	1.06	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	91.7	92.3	0.99	94.7	0.97	92.0	1.00	87.8	1.04
Title 19 (Medicaid) Funded Residents	69.4	60.6	1.15	57.2	1.21	61.7	1.13	65.9	1.05
Private Pay Funded Residents	19.4	20.9	0.93	28.5	0.68	23.7	0.82	21.0	0.93
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	19.4	28.7	0.68	33.8	0.58	35.8	0.54	33.6	0.58
General Medical Service Residents	25.0	24.5	1.02	21.6	1.16	23.1	1.08	20.6	1.22
Impaired ADL (Mean)	48.9	49.1	1.00	48.5	1.01	49.5	0.99	49.4	0.99
Psychological Problems	55.6	54.2	1.02	57.1	0.97	58.2	0.96	57.4	0.97
Nursing Care Required (Mean)	7.6	6.8	1.13	6.7	1.14	6.9	1.11	7.3	1.04